

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90253 019 ****61.25

DOCUMENT # N99000006724

1. Entity Name

MERRITT ISLAND SENIOR LITTLE LEAGUE, INC.



Principal Place of Business

**180 E. MERRITT AVENUE
MERRITT ISLAND FL 32953**

Mailing Address

**POST OFFICE BOX 541017
MERRITT ISLAND FL 32954-1017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3608325**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HOBBS, JUDY
1525 GLEN HAVEN DRIVE
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	BROWN, TAMMY S	
STREET ADDRESS	1390 EDDY STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, MARK	
STREET ADDRESS	3095 SAVANNAH TRL	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	DIAMANTAS, JOHN	
STREET ADDRESS	750 RICHLAND AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	TIBBETTS, LESLIE	
STREET ADDRESS	1375 PLUM AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Ramsey	
STREET ADDRESS	2200 Queen Ann St.	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Guthrie	
STREET ADDRESS	3625 Laurette Rd.	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: **[Signature]**

2-10-03 321-452-9403

CR2E037 (10/02)